Digital Access in Healthcare:

An Examination into the use of Digital Health Technologies and Services by Adults in Aberdeen and Aberdeenshire

Authors

Research Associates

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Figure 1: Word Tree of key words from research results

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GLOSSARY OF TECHNICAL TERMS AND ABBREVIATIONS USED

CLD	Community Learning and Development
Neurodivergence	Neurodivergence refers to the variation in how people's brain's function, process information, and behave compared to what is considered typical. It includes conditions like autism, ADHD, dyslexia, and others, emphasizing that these differences are part of human diversity rather than deficits.
NEAR ME / e-Consult Video Consultation	Recommended by NHS Education Scotland (link below) for appointments that do not require patient examination or that patient examination can be delegated elsewhere. NHS Education Scotland states that "patients must always be offered a non-video choice such as phone [if suitable] or attending in person".
Digital devices	Smartphones, laptops, tablets, or desktop computers.
Digital skills	The abilities or knowledge an individual possesses that allows them to independently access and navigate the online world. Example activities could include browsing/searching the web, using online forms, Zoom/Team meetings, QR codes, understanding specific language of digital technology
SCVO	Scottish Council for Voluntary Organisations.
PIU	Proxy Internet Use
PHS	Public Health Scotland
HSCP	Health and Social Care Partnership
CtC	Connecting to Care fund

EXECUTIVE SUMMARY

This report explores the digital healthcare barriers faced by disabled adults in Aberdeen and Aberdeenshire. There are five main sections.

The **Executive Summary** provides background information on the two organisations that made this research possible - Lead Scotland, the publishers and SCVO, the funders, as well as defining what is meant by Health and Digital Inequalities.

An outline of research methods and scope offers an insight into the Survey design and questions posed to gather information in the **Methodology** section.

As well as providing statistics related to responses received, the **Results** section also gives important insights about the challenges faced by disabled adults.

Conclusions. This section expands upon the results, contrasting and reinforcing them with other studies' findings and with the responses gained from Focus Groups.

The last section is **Considerations** where key themes and gaps in DHT services are drawn together to show the need for further research projects, partnerships and the need for funding long term local projects in providing digital support.

About Lead Scotland

Lead Scotland works with disabled adults providing learning, befriending, and helpline services across Scotland to achieve our vision that disabled people and carers have an equal opportunity to learn, participate and achieve their potential.

Our Learning Services support disabled people to become adult learners, volunteers, workers, and community activists, reducing the learning, health, social, and employment inequalities that exist for disabled people. We focus on prevention of inequalities - providing personalised, one-to-one services alongside group activities.

Home learning is offered to people who feel they have the fewest options, who experience intersecting barriers, or who lack the confidence or motivation to get started. We build confidence and widen access to all types of learning including basic digital skills.

Our aim is to strengthen communities, reduce feelings of social inequality, isolation, and loneliness. We build trust with learners and communities leading to improved community connections. And we are person-centred ensuring our participants become more empowered, more independent, and in control of their choices and wellbeing.

Lead Scotland's status as a charity at the forefront of digital inclusion support is demonstrated by the fact that it is the go-to-partner for cyber-resilience learning opportunities in Scotland.

Through our national helpline, high quality advice and information is provided so that disabled people understand their options and rights when accessing post- school education services.

Lead's policy work connects disabled people and carers with policy makers, to influence and shape decisions which affect individuals and communities.

In 2024 Lead supported a total of 718 learners across 14 project and 8 localities, with 46% of these taking place at learner's homes.

About SCVO and the Connecting to Care Fund

SCVO is Scotland's national membership organisation for the voluntary sector. Their mission is to champion the role of voluntary organisations in building a flourishing society and support them to do work that has a positive impact. Along with their community of 3366 members and supporters, they believe that a thriving voluntary sector should be at the heart of a successful, fair and inclusive Scotland (SCVO, 2025).

SCVO have been a driving force for Digital Inclusion for many years through the provision of funding opportunities, training and networking events for many charities. The Digital Inclusion Charter and the Connecting Scotland programme are managed by SCVO who are also involved in developing research and frameworks such as the Digital Road Map and Pillars for Digital Inclusion.

The Connecting to Care (CtC) fund allocated £512,354 to seven projects across Scotland, all tasked with *"addressing barriers to access and empowering individuals to utilise, digital tools to manage their health and social care needs effectively"* (Digital Health & Care Scotland, 2024). CtC is the second phase of the Scottish Governments £2-millon Digital Inclusion Programme. As a funder, SCVO have been involved throughout the project – offering support and advice. They have hosted the mandatory monthly Community of Learning events where fund recipients were brought together to share learnings and best practice, to influence the development of services.

Defining Health and Digital Inequalities

According to the Kings Fund (Mistry & Jabbal, 2023), digital exclusion *"refers to the lack of access, skills and capabilities needed that help people participate in society"*. They state that as digital services are rolled out, digitally excluded people are in danger of being left behind.

NICE (National Institute for Care and Excellence) describe health inequality as: *"differences in health across the population, and between different groups in society, that are systematic, unfair and avoidable. They are caused by the conditions in which we are born, live, work and grow. These conditions influence how we think, feel and act and can affect both our physical and mental health and wellbeing"* (National for Health and Care Excellence, n.d.).

The Poverty and Inequality Commission describes inequality as intersectional (Statham, 2021). That is, inequality is understood not only by thinking about a single category, such as race, ability, socio-economic factors, and so on.

> *"The reality of people's lives are multi-dimensional and complex, and experiences are shaped by different factors and social dynamics operating all at once."* (Hankivsky, 2014)

The intersectional approach illustrates that digital exclusion overlaps and intersects with other forms of social exclusion already affecting disabled adults, so that there is not just one response to inequality but many, according to the lived experience of individuals. There is no essential or universal experience of being, for example, a disabled adult, as other factors related to race, gender, educational ability, where you live, access to paid employment and your income all play important elements.

For our target group in Aberdeen and Aberdeenshire, positioned in the north-east of Scotland, with largely rural towns and villages, digital inequality can impact and intersect with other inequalities:

- some areas do not have full internet coverage
- some areas do not have full mobile signal
- public transport in rural areas can mean difficulty in getting to GP surgeries and other public services
- cost of travelling is often more expensive
- insufficient housing provision
- higher costs due to lack of choice in buying food and other goods

As the use of digital technology in accessing public services and healthcare has increased dramatically and rapidly during and after the Pandemic (Ungoed-Thomas, 2022), it has become apparent that many individuals, families and communities struggle due to lack of broadband/Wi-Fi coverage, especially in rural areas, or through not having access to digital technology for varying reasons (Good Things Foundation, 2024). Nowadays, it is almost impossible to access services without a Smartphone. Through Connecting Scotland and mobile providers, devices and SIM cards with data were made available to people experiencing digital inequality (Good Things Foundation, 2025) - but Connecting Scotland has now closed and most SIM card providers give data for only six months (Connecting Scotland, 2025).

Most adversely affected by Digital Exclusion are those who already experience other forms of inequality or multiple inequalities, with disabled adults being adversely affected. According to Disability Rights UK, in a 2020 News Report, *"almost half of the 14 million people in poverty are affected by disability"* (UK, 2020).

There is a significant body of evidence from other third sector organisations, research groups and scientific studies regarding digital health exclusion which Lead Scotland was able to draw upon for this Survey. We particularly mention the Kings Foundation, Joseph Rowntree Foundation, Good Things Foundation, WHO and others from which we draw evidence throughout this Survey.

METHODOLOGY

Chosen Location

This research was carried out alongside Lead Scotland's Digital Skills for Health and Wellbeing project. This project ran exclusively in Aberdeen and Aberdeenshire delivering digital skills to disabled adults, unpaid carers, and adults with long-term health conditions, to improve confidence in actively managing their own health and self-care needs.

It was decided to carry out the project in Aberdeen and Aberdeenshire as Lead staff had identified a need for Digital Inclusion provision in these areas and had an existing trust and relationship built through prior projects.

Aberdeenshire is a rural area and it is well-known that rural communities have been badly hit by the ongoing cost-of-living crisis (Bowman, 2024), and are presented with other challenges which exacerbate pressures on income. For example, cost of transport, poor wi-fi coverage in some places. It was felt that this project would be of great importance to these communities.

Aberdeen is a, largely, thriving cosmopolitan port city in the north-east of Scotland. It has a population of approximately 227,750 (Aberdeenshire Council, 2023) and covers an area of approximately 71 square miles (Encyclopaedia Britannica, 2025). Having seen a meteoric rise in the boom years of oil extraction, it is now a city in transition. Aberdeenshire, on the other hand is a large rural county of around 2,439 square miles (Undiscovered Scotland, 2025) with around 264,320 inhabitants (Aberdeenshire Council, 2023).

Public Survey

The main source of information gathering for this research was a survey made available to members of the public in Aberdeen and Aberdeenshire. This Survey was open to all adults over the age of 18 and up to 65+ with no age limit but aimed at finding the experience of disabled adults. The Survey (Appendix 1) was anonymised with 30 questions covering a range of topics. This included demographic information; medical and living arrangements; digital skills and access to devices and internet connectivity; personal experience using digital healthcare services and awareness of existing digital support or training on offer.

The structure of the public survey was based around information garnered through Lead Scotland's prior projects (2022-2025) including outreach through Focus Groups and one-to-one support. It was informed by findings from other organisations on the barriers being experienced by disabled adults (and their paid and unpaid carers) in using digital technology to access GP appointments and other vital healthcare services and information.

Questions related to potential and/or actual barriers encompassing:

- types of digital technology available to those surveyed (e.g. the ownership or access to smartphone, laptop/tablet/desktop)

- availability of internet coverage, especially in rural areas - and its sustainability
- affordability - the ability to pay for a connection to the internet or for technology, including phone contracts
- skills, knowledge and confidence to use digital technology - including trust in the safety or privacy of digital technology

Public Survey Distribution

The Survey was distributed at the end of January and into the start of February, giving a month to collect responses before closing date at the end of February. Initial uptake was slow but towards the end of the month, response returns increased, and we had a final count of 229 responses. In comparison to previous Lead Scotland surveys, this is a large response.

The Survey was advertised through posters (Appendix 2) displayed in libraries, community hubs, Facebook, Chemists and some GP surgeries. Some GP surgeries would not accept the poster as it had not been approved by the NHS/HSCP. To ensure a good distribution of posters throughout Aberdeenshire, we hand-delivered them focusing on towns as opposed to smaller villages and communities. Due to staff availability and cost of driving, a few posters were sent by mail. Appendix 3 shows a map of the area covered.

Posters contained a brief introduction to the Survey with various ways of accessing the questionnaire. By phone to arrange a paper copy which was also available within Focus Groups and one-to-one respondents; online - via a QR code or URL. A click link was available on Facebook.

Additionally, Lead Scotland Learning Coordinators helped those who had difficulty completing the survey alone. At least four Lead Scotland learners with poor literacy skills required the survey questions to be read aloud and their answers were transcribed onto the form on their behalf. Several people asked for the questions to be clarified or to be explained further.

Focus Groups

In addition to the Public Survey, we engaged with Focus Groups, led by Lead Scotland's Learning Coordinators, to collect qualitative data through targeted questions and engaging in conversation. We interacted with three groups, led by two different charities: an employability group; a group engaged in a practical numeracy skills course; and a group of Carers organised through the local HSCP. The individuals in the groups represented a variety of demographics. Focus Groups were run at their regular time and place.

Focus Group questions mirrored those in the Public Survey but delved more deeply into how respondents felt about using digital technology to interact with healthcare services and information. This will be expanded on in the results of the survey.

GP Survey

Initially, it was thought the Survey would target the general public only, but it was decided to run a parallel survey to primary healthcare providers in both Aberdeen and Aberdeenshire (Appendix 4). This was deemed important as, given the acceleration of digital means of contact, it was relevant to try to gain a picture of the situation from the service provider perspective.

On reviewing GP websites, we found that there was a broad range of diversity on how patients should make contact other than by making a phone call. These ranged from:

- making appointments (via an online form or by email) for remote consultations with either E-consult or Near Me
- prescription ordering/re-ordering via online form or email
- medical certificate ordering via online form or email
- updating information online (personal data or, e.g. blood pressure readings
- reviewing of chronic conditions via online form
- links to NHS Inform and other websites dedicated to chronic illness, e.g. asthma

The aim of the GP Survey was to identify if services for those who experience difficulty in using digital technology were provided. Another aim was to establish whether or not individual GP Surgeries had been given support in creating and designing websites by their HSCP, the NHS or PHS.

Questions were designed to explore whether or not digitally excluded disabled adults were provided with clear and easy to find alternatives to accessing GP healthcare services and information from recommended websites.

Mainly from NHS Inform website, 67 GP Surgeries were identified in Aberdeen (29) and Aberdeenshire (39) (NHS Inform, 2025). Initial phone calls were made to establish the name and contact email of Practice Managers (PM) and they were sent a survey questionnaire by email. 46 Surgeries supplied the name of the PM and, apart from three, all of the email addresses were generic to the Surgery. Only one Surgery (Aberdeenshire) was unable to be reached, referring callers to the website (there was no possibility of leaving a message).

As responses were slow and poor in number, a second phone call was made to every Surgery to speak directly to PMs to try to boost the number of responses. Approximately 41.8% (i.e. 28 out of 67 PMs) directly answered a phone call and had a brief discussion with Survey staff, and 18 had said they would respond. PMs were encouraged to consult with Reception staff and GPs to some questions.

Context

Questions on both Surveys were informed by statements made by relevant authorities about the roll-out of digital technology. Many organisations who work with people suffering inequalities, including disabled adults, have expressed concerns over digital inequality adding to and intersecting with other inequalities, especially health.

Public Health Scotland (PHS) stated, in their PHS Digital Strategy and Executive Summary, dated 31st May 2021, updated in 2024, that they were: *"...committed to leaving no one behind. This will be demonstrated by our approach to digital inclusivity and providing non-digital alternatives for those who are digitally excluded."* (Public Health Scotland, 2021)

And the Scottish Government's Chief Medical Officer stated in their 2020-2021 report that *"it focused around five key themes (including) the health of the nation, delivering personalised care, reducing health inequalities"* (Chief Medical Officer, Scottish Government, 2021).

In the same report, the Scottish Government said: *"Digital connectivity has proven to be vital for our health and wellbeing during the coronavirus pandemic, whether supporting our health service, enabling people to work and study from home, or staying connected to friends and family. Yet there remains a digital divide in Scotland which we must address if we are to support people to flourish. We must build on the work of the Connecting Scotland programme and continue to invest in Scotland's digital connectivity infrastructure to help ensure that everyone in Scotland, even in rural areas, can access superfast broadband through the Reaching 100% Programme (R100)."*

These two important statements give a framework for disabled adults to sustain an expectation that they will not be excluded from this new digitally connected world and that authorities will ensure that they receive personalised care and not suffer deepening health inequality as a result.

PUBLIC SURVEY RESULTS

Please see the Appendix 1 for the list of Public Survey questions.

Note: Not every respondent answered every question although the number of questions unanswered was small, amounting to less than one-tenth and only for selected questions such as gender, disability and so on. Numbers of respondents who did not answer individual questions have not been included, unless a point of emphasis is being made.

Number of Respondents

Of the 229 members of the public who responded, the majority stated they were: Female (198), Male (27), Transgender (2: 1 male, 1 female) and 2 people did not wish to divulge their status.(See Fig 1) (Q3).

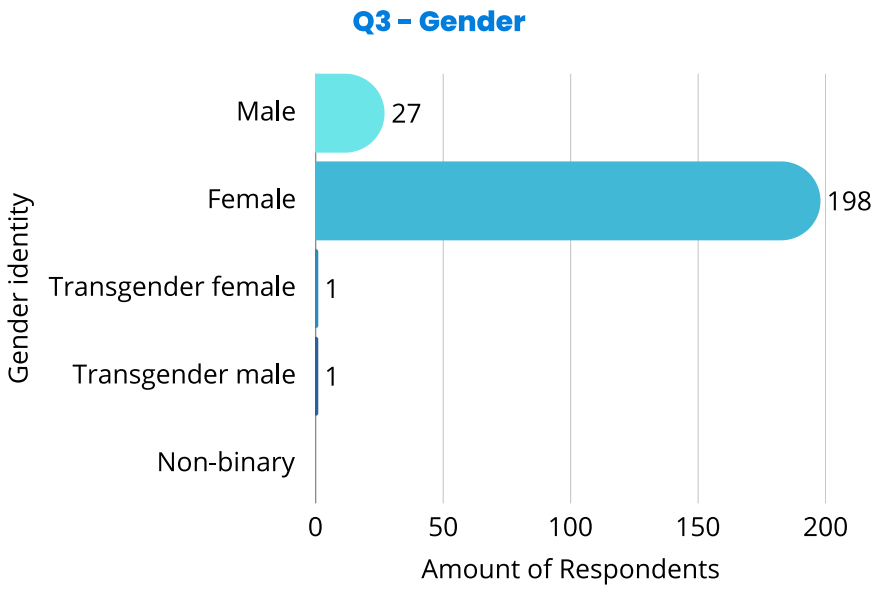

Figure 2: Graph of responses to question three "Gender"

Age of Respondents

The Survey attracted a wide age range of respondents but, with only 14% under 35, there were many more mature responses to the Survey with 45% in the 35-54 age range and 39% over the age of 55. 2% chose not to divulge their age group.

- 8 respondents (3.5%) aged 18 to 26
- 22 respondents (9.7%) aged 26 to 34
- 42 of those surveyed were aged 35 to 44 (18.6%)
- 63 were aged 45 to 54 (27.9%) the greatest number of respondents
- 56 respondents aged 55 to 64 (24.8%)
- 35 were in the 65+ age group (15.5%)

It may not be surprising, given the age distribution of the Survey, which returned more responses from people over 35, that a high 87.3% of respondents said they lived independently (Q5) with 12.7% saying they did not. Of the high number living independently, 90.8% stated they did not have carers, with 2.2% having paid carers and 3.9% unpaid carers, 1.3% having both paid and unpaid carers, and 1.7% not responding to the question (Q6). It may be possible that some do not perceive family members who give care, as carers. It is, perhaps, a flaw in this question that the notion of "living independently" was not specified.

Health and Disability

Given that the Survey was aimed at disabled adults, on being asked about disability, neurodivergence or long-term health conditions (Q7), it was a little surprising, therefore, that of the 203 respondents to this question, 75 (more than one-third) said they had no disability. The number of those with disabilities is lower than we expected but, in comparison to national statistics this figure is high. According to Scotland's Census 2022, only 24% of the population have a disability or long-term health condition (Transport Scotland, 2023).

It should be taken into consideration, that there may be a number of individuals who are undiagnosed, unaware of, or choose not to identify as disabled, neurodiverse or have a long-term health condition. We cannot tell from the results, therefore, if numbers are accurate or if there may be factors which inhibited respondents from saying that they had a disability or that they considered a condition they had as not fitting the category.

Within these results, of note 50 people reported painful mobility conditions, 23 lung conditions and 45 anxiety, stress or depression. Some 26 people identified as neurodivergent including autism, ADHD, dyslexia or a learning disability.

Many people had multiple conditions with 1 respondent stating they had 10 conditions; 1 respondent stating they had 9 conditions; 2 with 8 conditions and 1 respondent with 7 conditions; a further 3 said they had 5 conditions and 53 had between 2 and 4 conditions. These include a range of long-term conditions as well as cancer, neurological conditions, diabetes and rare conditions (2).

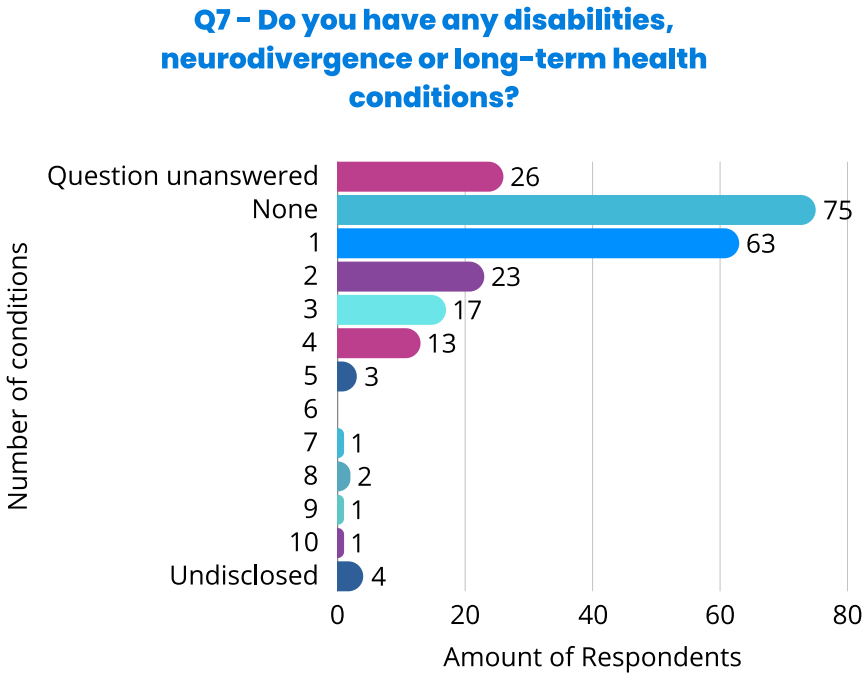

Figure 3: Graph of responses to Question seven "Do you have any disabilities, neurodivergence or long-term health conditions?"

Digital Technology: Devices

When asked about ownership or access to various types of devices and internet connectivity (Q10), with access being out with a shared access route such as borrowing from a friend/family member or using at a library or college, the response was:

- Smartphones 93.8%
- Other mobile phone 14.8%
- Tablet/iPad 63.3%
- Laptop/Computer 76%
- Broadband/Wi-Fi 93%
- SIM with Data 75.5%

With 93.8% of respondents saying they own smartphones and 14.8% other mobile phones, only 75.5% said they have a SIM with data which suggests that many either do not have a contract with a provider or have a very basic contract, such as pay-as-you-go. 35 of the 229 respondents stated they did not have access to either one or all of the devices or an internet connection. Of these, 47.5% stated this was because it was too expensive - and 25% said they did not know how to use technology devices (Q12).

> *"Too expensive to buy a smartphone on universal credit, also I would need some help using it"*

Of course, many respondents may use home broadband for internet connectivity but it still means that 15.3% who have a smartphone, do not have a SIM with data.

Almost 80% stated they owned or had access to a laptop or computer and 63.3% to a tablet.

This means that most people appear to have access to more than one type of device, though we don't know actual numbers or the actual percentage of those who have sole personal use or ownership of a device, nor if they have access to more than one type of device through friends/family, libraries or colleges.

Though most respondents do have Broadband/Wi-Fi (93%), 3.1% do not have any access and another 2.2% use shared broadband. No data is available on the stability of broadband signal to individuals and, of those who use shared broadband, 15% use libraries. This is also reflected in the issue of Wi-Fi coverage in rural areas of Scotland, which will be covered in the conclusions of this report.

It is noteworthy that Lead Scotland can provide SIM cards with data and devices on loan, free of charge, as and when funding allows.

Preferred Method of Contact

In Q19 and Q20, it is interesting to note that the highest number, some 40.5% of respondents, said they preferred to contact a GP by telephone. We know from information gathered in Focus Groups that the preference for telephone contact may be because, for some people, telephone is often the only available way to contact a GP whether due to it being the only method of communication offered by their GP; not having a device; lacking confidence; or not having stable or any internet connection.

There is then an equal split of preference to go into the building (27.6%) and using online service (25%), though some respondents said they "Would use online contact if it worked". This would include those with assistive technology which is not supported or those who cannot get GP website to open properly on their device. Some data from the responses to this question, and from Focus Groups, indicates that the preferred method changes depending upon the situation. "In person at times" or "video consultation or phone" for things like medication checks.

Feedback gained from Focus Groups found that more people would favour online services such as e-consult, if they were available. E-consult was introduced during the Covid-19 Pandemic and then, as the Pandemic ended, was withdrawn by many surgeries due to difficulties caused by overwhelming demand (Ungoed-Thomas, 2022) (Taylor, 2022).

Digital Skills, Knowledge or Confidence

When asked how they would describe their digital skills, more than half (125 out of 229 respondents) described themselves as not needing any digital skills training, leaving 104 who would like help and have low skills and/or confidence (Q9). Figures remain pretty close when respondents were asked how confident they were using different forms of technology to access GP healthcare services.

Although a little over two-thirds of respondents stated they are very confident in using digital technology and services (Q15), this means that approximately one-third of respondents either require some support and, in approximately half of these cases (17%), respondents said they were not confident at all (figure 3 and figure 4). The reasons given for this from 102 respondents (Q17) ranged from: preferring to go to the GP surgery (75), not having the necessary skills (23) and either GP websites don't support their assistive technology (6) or cannot be opened on their device. 17 respondents said they didn't trust the technology and

21 said they didn't know what was on offer.

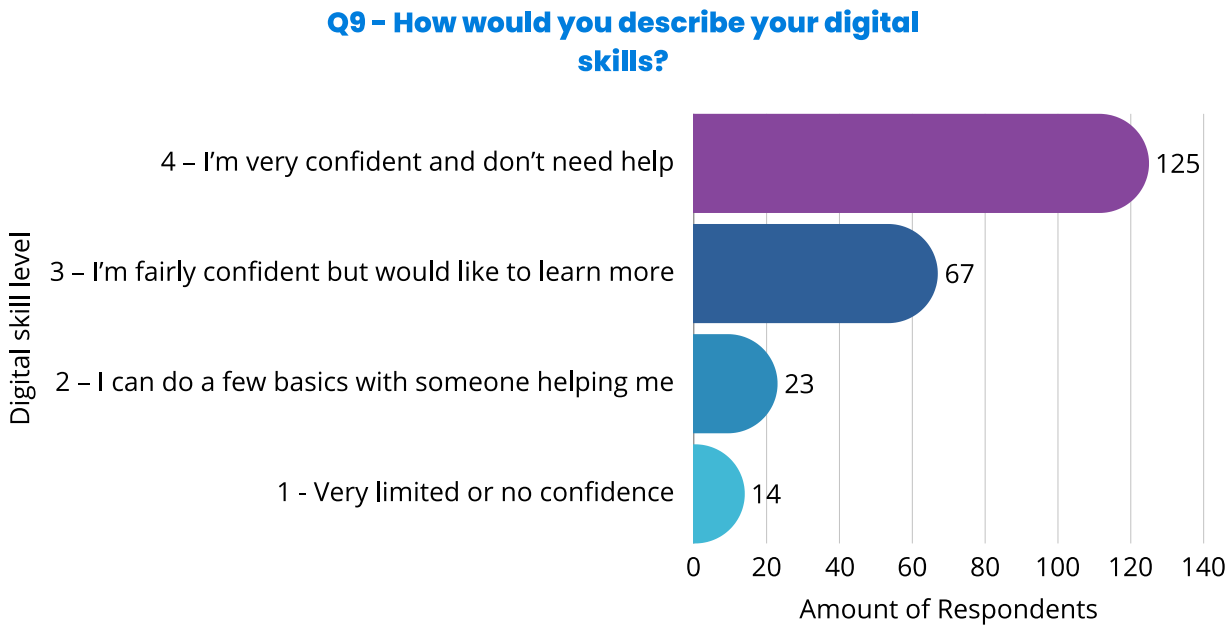

Figure 4: Graph of responses to question nine "How would you describe your digital skills?"

NB. Numbers in Figure 5 below represent %percentages

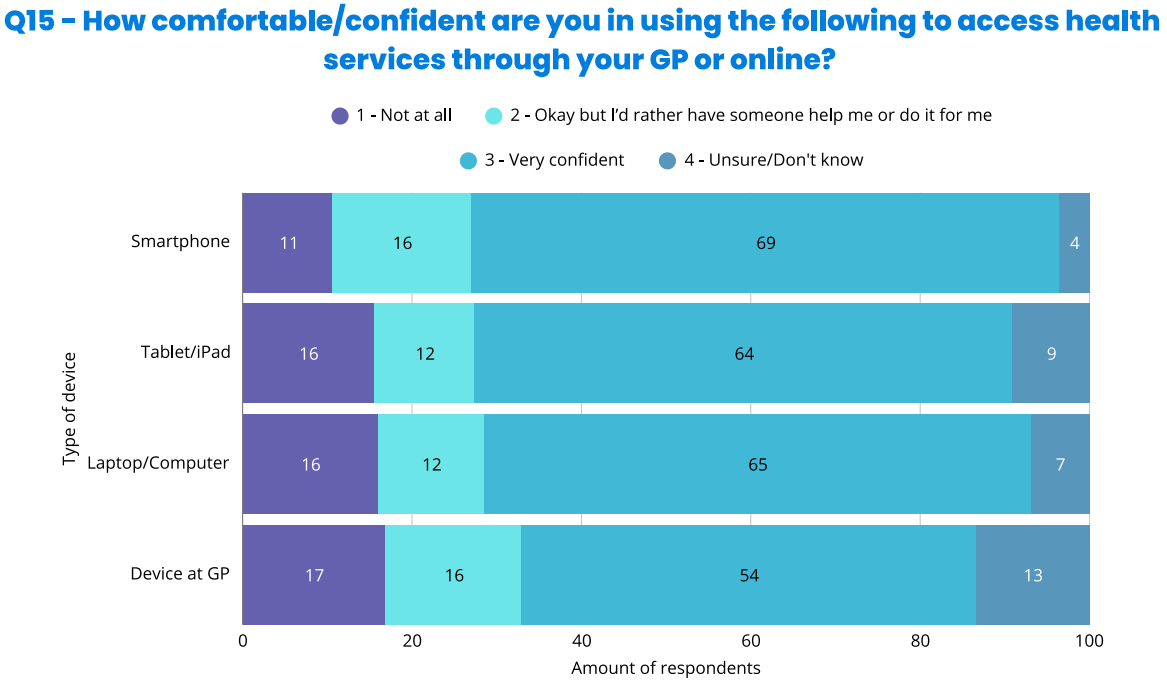

Figure 5: Graph of responses to question 15 "How comfortable/confident are you in using the following to access health services through your GP or online?"

Using Digital Technology to Access Healthcare Services

Regarding accessing digital health services (Q13), the majority of respondents said they did not use digital technology to access healthcare.

Type	Not using or never used
Ordering prescriptions by email	79.7%
Ordering prescription by online form (GP or Chemist)	54.4%
Medical Certificate via online form	84.4%
Video Consultation or Near Me Video Consult	72%
NHS App	69.1%
Using QR codes to access information	68.3%

More than 50% of respondents stated that they did not feel they had been provided with enough information about how to access health services without having to use digital technology (Q18). And just over two-thirds stated they would prefer to either phone or go into the building to contact their GP (Q19).

Digital Support

A number of questions were asked around knowledge of or finding help in using digital technology and skills development.

Feedback from these questions on having (or not having) skills or confidence when using digital or knowing where to access help and support are largely mixed and may be slightly contradictory at times. Is it the case that perception about what it means to use digital technology varies e.g. surfing the net, sending an email are less challenging than using online forms, navigating websites or having video consultations. This is perhaps a distinction that some might not think about when asked a question on perceived ability/confidence in using technology.

Out of 227 responses on whether or not they had received digital support from Lead Scotland (Q8) or another provider, only 20 said they had received any form of digital support. Lead Scotland has supported over 80 individuals enrolled on the Digital Skills for Health and Wellbeing project in Aberdeen and Aberdeenshire from to March 2024 to May 2025.

When asked where respondents would go to find information on digital support (Q24). They said:

Already know where to go for digital support	43
Ask friends or family	117
Ask carer/support worker	3
Online search	88
Social media e.g. Facebook	27

Flyers in public area	7
Local library/community centre	28
College	10
Job Centre	3

35 (15%) said they knew organisations locally that offer digital support or training (Q22) but the majority (83%) saying they did not know of any local organisations offering digital support or training. Of the 35 who said they knew of organisations in their local area, 45% of these mentioned Lead Scotland (Figure 5).

Q23 - Are you aware of any organisations in your local area that offer digital support or training?

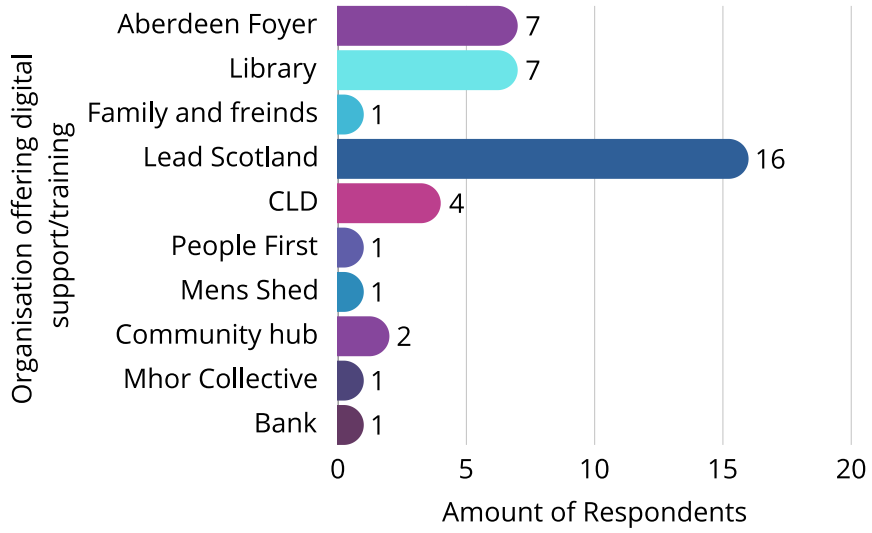

Figure 6: Graph of responses to question 23 "Are you aware of any organisations in your local area that offer digital support or training?"

It is worth noting that only 11 out of 225 respondents had ever been signposted to digital support services by a healthcare professional (Q25) but a large portion of respondents (expressing they had skills and confidence) would not have needed any support.

GP SURVEY RESULTS

Out of 67 Practice Managers contacted by email and phone call, only seven Survey responses were received.

One respondent also sent an email, and a telephone discussion ensued.

With such a low response, it is hard to draw any hard and fast conclusions about how Surgeries operate and the individual contact choices they offer.

Important points to note from the responses include:

- When asked if PMs knew how many disabled patients were registered or those who were neurodivergent or had learning disabilities - all said NO. (Q3-4).
- 43% stated they had an inclusion policy in place, with most either not knowing or unsure. (Q5)
- Regarding digital services on offer, respondents stated the following: (Q15)

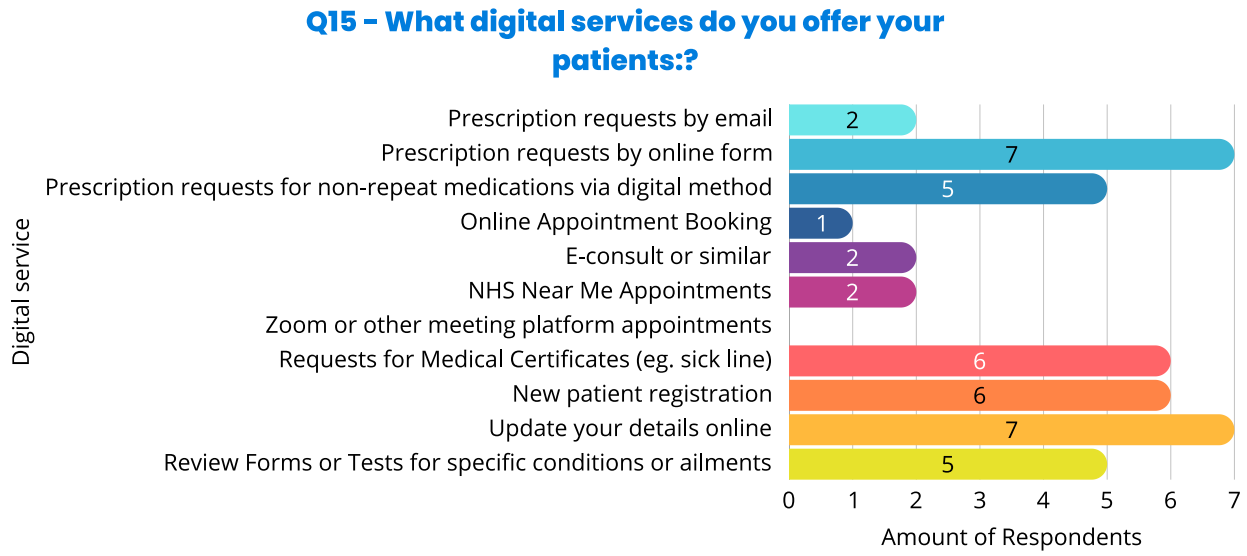

Figure 7: Graph of GP responses to question 15 "What digital services do you offer your patients?

Prescriptions:
All had facility to order prescriptions by online form with 28.6% for email ordering and 71.1% for having the facility for ordering non-repeat medications.

Online Updating:
All had the facility to update patient information online and 85% to register as a new patient online, with 71.4% having chronic conditions review online forms (e.g. asthma).

When asked if there had been a consultation period prior to introducing digital services (Q17), 57% said No with 28.6% unsure or didn't know. And (Q18) on receiving support from NHS in transition to digital 57% answered Yes.

Regarding websites and accessibility:
When asked if website content was regularly reviewed (Q23) 100% said it was. 57% said they had the ability to edit/update their website in-house (Q24) with 50% saying that they use an external service to edit/update (Q25).

When asked if they had NHS support in setting up their website, 14% said yes and 84% said no (Q26).

(Q29) When asked if they explain acronyms on their website, 57% said they did and when asked if there was digital access supported via laptop/smartphone (Q30) 86% said there was.

Accessibility on website:

When asked if there was accessible functionality, e.g. Keyboard Focus, 86% said they didn't know (Q32); if changing contrast/colour theme was supported - 86% said they didn't know (Q33) and, if the use of zoom/enlarging font is supported 43% said yes and 57% said they didn't know (Q34).

Important Points to Note

Given the figures on the capability of Surgeries to update information online and those that had an external service in this respect, other findings, such as the limited knowledge of PMs on the functionality of their websites, may not be a surprise to us. And the question that might arise from this is: is this an area that could be improved on?

This point is reinforced by the lack of knowledge in individual GP Surgeries on the numbers of people with disabilities (of all forms). But when you add it to a perceived lack of information on how disabled adults can help with managing digital technology (Public Survey Q21) only 45.2% said they knew where to go and 15.7% saying they knew of an organisation who could help in their area (Public Survey Q22). And nearly two thirds said they would ask friends or family (Public Survey Q24) and only 4.9% being signposted or referred for digital support by a healthcare professional (Public Survey Q15). Furthermore, in Public Survey Q29, only 46.8% said they felt they were able to explain to healthcare services the difficulties they were having in using digital technology with 53.2% saying they were not able to do so.

A few elements we consistently found during this Survey is that in accessing individual Surgery websites has been:

- the use of text colours that are difficult to see if someone has macular degeneration, cataracts or for people with dyslexia.
- the use of very small text and fine fonts, coupled with the inability to zoom in without losing focus
- online forms with very fine, faint lines/boxes in pastel shades which are difficult to see or read
- not enough focus on creating a visual menu - too many words create a difficult-to-under-stand or follow information
- little mention of alternative methods available for those who cannot access digital technology and no menu dedicated to this subject
- no sitemap
- some appear to make it difficult to find the phone number

CONCLUSIONS

Introduction

The context to the research for this Survey and its findings is the landscape created by the Scottish Government's vision of a digitally inclusive Scotland. A vision which is sweeping the western world and beyond. This vision is extended to all public services including healthcare and wellbeing. Its aims and goals are promoted with the need for (and promise of) the digital preparedness of business, employees and the population in general, being attained through skills development and connectedness to this new digital world. All relevant authorities talk impressively in grand terms about the need for provision of skills, connectivity and inclusivity.

According to the Scottish Government's newsfeed 'Creating an inclusive digital world':

> *"Geography, background or ability should not be a barrier to getting online."* (Scottish Government, 2021)

In the Scottish Government's updated Digital Strategy, partner COSLA's Gail MacGregor said:

> *"...it (the Digital Strategy) sets out an ambitious vision of a Scotland where everybody has the necessary skills and connectivity to thrive...designed around the needs of people"* (Scottish Government, 2021)

This is echoed in PHS's Digital Vision, Guiding Principle on Inclusivity:

> *"We are committed to leaving no one behind. This will be demonstrated by our approach to digital inclusivity and providing non-digital alternatives for those who are digitally excluded."* (Public Health Scotland, 2021)

It can be assumed and expected that a person-centred approach of inclusivity, education/skills development and connectivity are paramount as well as the provision of non-digital means should be available for those who need them.

This goal of digital and health-inclusivity has been to some extent contradicted by many studies, including Lead's Focus Groups, revealing that rather than creating a more equal playing field, the scope of digital health inequalities may be growing and causing a vicious circle of a number of overlapping inequalities in an intricate complex of cause-and-effect-chains. When we talk, for example, about disabled adults living in rural Aberdeenshire, digital and health inequalities may be compounded by the challenges of living in a rural environment - public transport, higher costs, fewer education, employment and social opportunities - and more isolation and dependency on others. This is described visually in the Recursive Loop (Figure 8). This is reflected in the results, where 58% of respondents stated they would turn to friends and family for digital support (Q24).

As stated by the Scottish Government in the Digital Strategy (Scottish Government, 2021), quoted above, the roll-out of DHT has been planned for some years, with the aim being improved service and accessibility to healthcare for all and to suit individual needs. They also

emphasise inclusivity in this process. Yet, our Survey illustrates there is a gap between the narrative and vision of DHT roll-out and how this is being enacted in practical terms. Out of 227 responses to Q8, only 20 said they had received any support and almost half said they would like help (Q9). 46.8% of those who said they needed help, did not know how to explain the digital challenges they were facing to their GP Surgery (Q29) and only 35 people knew where to go to find digital support (Q22).

The move towards increasing the use of digital technology to access services and transactions in both the public and private sectors is clearly moving swiftly. DHT is a particularly important area, especially where inequalities are present and it is often the case that one inequality intersects with another.

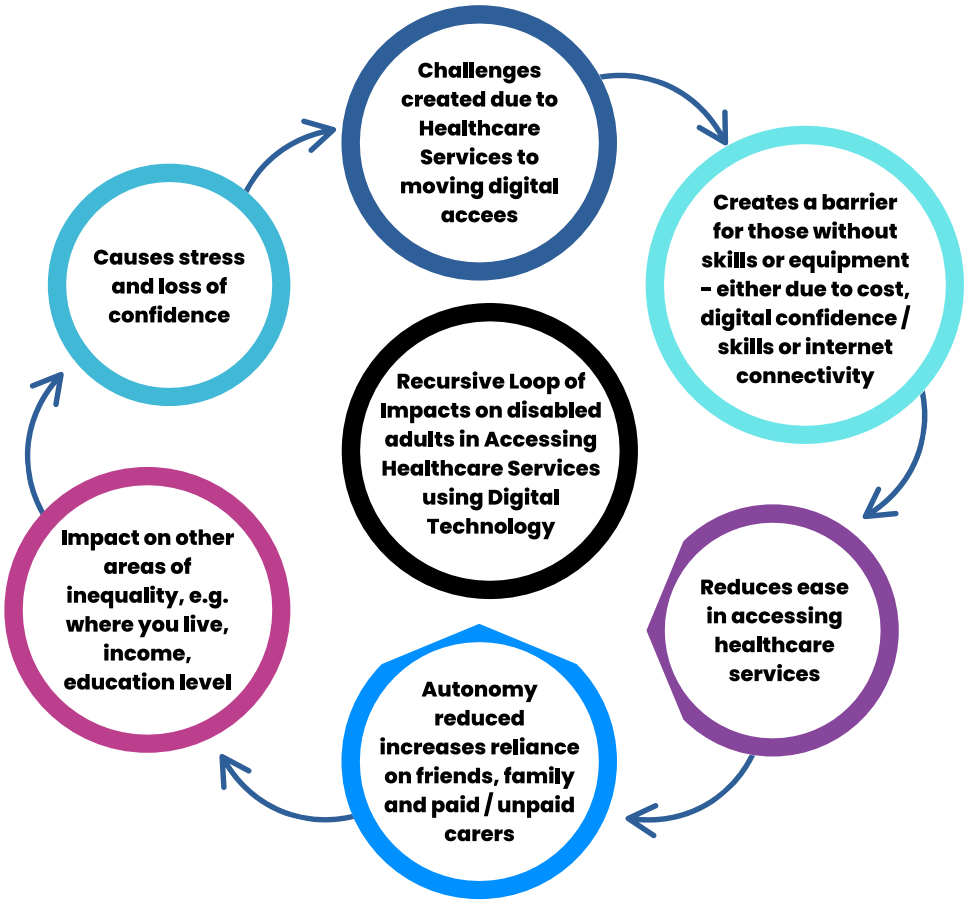

Figure 8: Recursive loop of impacts on disabled adults of access to healthcare services moving to digital technology

This illustrates the increased use DHT has in creating challenges and further inequalities for those people who are disabled, have a chronic health condition or a learning disability. This demographic is already recognised as being at higher risk of health inequity.

Connectivity and Devices

To be able to use DHT means, however, that the ability to connect to Wi-Fi is essential. Ofcom's 2024 report (Ofcom, 2024), states that:

- 62% of residential properties in Scotland have access to full-fibre networks
- Satellite broadband (Starlink) has nearly doubled from 6000 to 11000 premises
- 16000 premises are not able to access decent fixed lines or fixed wireless broadband

However, in October 2023, The Herald reported that with the R100 voucher scheme, already running two years after it should have completed, the Scottish Government had admitted that the remaining 5% of premises in Scotland not covered by broadband would not be covered before March 2028 (Learmonth, 2023).

In our Survey, 3.1% did not have access to broadband services (Q10) but, there is also the cost of this technology, with new super-fast fibre optic broadband costing more than simpler connections, and the ability to afford these services is not mentioned either by the Scottish government or Ofcom. Of those connected, we do not have figures for those whose Wi-Fi is unstable or variable.

> *"Too expensive to buy a smartphone on universal credit, also I would need some help using it"*

As illustrated in our Survey, and supported by other studies, the cost of devices is sometimes out of the reach of those on low incomes (Q12). Many disabled adults are on relatively low fixed incomes (Good Things Foundation, 2024).

Smartphones are now necessary for using DT including DHT and they are expensive. But it is not only the cost of buying the device. A SIM with data is essential and not cheap. Although Lead, through Good Things Foundation's National Data Bank, have provided many disabled adults with Data Sims, the package is only free for six months and, afterwards, must be purchased. So, this is not a long-term solution.

Digital Skills

Discrepancies and gaps are shown to exist in the provision of digital skills support for disabled adults, as well as the connectedness to Wi-Fi (or lack thereof) in many difficult to reach parts of rural Scotland.

For many people, the move to DHT does not address their needs especially when it comes to basic skills, literacy, knowledge, confidence, trust and financial ability to tap into the

technology required to access digital healthcare services. Many do not understand or feel they have information on what is being offered and how to access it (Q21, Q25).

Many healthcare providers direct patients towards using digital technology to manage their condition, order medical certificates and medications and make appointments (see GP Survey Results). Given that there are 27-33% who either cannot use - or do not feel confident using - digital technology to access healthcare (Q15)(Fig 4); 54.8% who do not know where to go for digital skills training (Q21) and 51.3% who do not know how to access their GP using non-digital means (Q18), we can conclude that many people need support, guidance and training in building digital skills and confidence-building.

Many Third Sector organisations emphasise that local face to face training is preferred (Good Things Foundation, 2024). It was also pointed out by several studies that gaining digital skills is not linear (i.e. one set of training may not be enough for many disabled adults).

Tackling Digital Exclusion, a report published by Audit Scotland, showed similar finding to Lead Scotland's results. They reported that 1 in 6 adults in Scotland do not have the digital skills needed for everyday life and that 51% of those who do not use the internet are reported to have a disability (Audit Scotland, 2024).

People are struggling to use online health services especially when they:

- struggle to afford a device or internet connection
- do not have the skills and confidence to use digital technology
- have a fear or mistrust of using online services or lack the motivation to do it
- have difficulty in accessing digital services and devices or an internet connection
- are unable to keep up with the pace of change of digital technology
- struggle with literacy

When asked where they would go for digital skills training and support (Q23), 22% of respondents said libraries – this was the second most popular response to this question, with Lead Scotland being the first. But libraries are currently under threat of closure, working limited hours, losing librarians in favour of volunteers and/or losing access to private computers which are now in a shared space with other groups. This means that those who rely on a library may find this more difficult or impossible - and there may not be privacy for, e.g. discussing personal health in a Near Me consultation.

Another inequality is that when talking about community education, there is disparity. Adult learners in particular are under-represented in CLD planning at area and strategic level. Due to a mix of changing resources and increased targeting of provision, the range of community-based adult learning offered has narrowed. As a result, the needs of some individuals and communities are not being met (Education Scotland, 2024).

> *"...we will provide training opportunities, support and materials to ensure that people have the skills, confidence and information literacy required to make the most of being online."* (Scottish Government, 2021)

To tackle this digital skills inequality, it might be concluded that there must be more collaboration between HSCPs, NHS, Scottish Government and the Third Sector organisations working in the local area. And that urgent action is required to ensure that disabled adults are not being further disadvantaged.

Choice – Digital Health Services or Not

The vision is not going smoothly.

There is a lack of consistency across GP surgeries on what DHT services are on offer - and many GP surgeries have had to stop using e-consult, for example, as they are not able to cope with the demand.

The need for digital e-consultations was created during the Pandemic to prevent an uncontrolled spiralling of infection. Their convenience has driven a continued desire/popularity, but this has had an impact on many GP surgeries who were unprepared for the demand either during or post-Pandemic.

Immediately after the Pandemic ended, many GP Surgeries suspended using e-consult due to the difficulty in providing it. For example, Peterhead Health Centre stopped using e-consult in 2022 (Taylor, 2022).

There are conflicting opinions about the use e-consult (Q19) (Figure 7). Our results show that if they were available, more people would use e-consult or Near Me video appointment. As they are convenient for those living in rural areas, those unable to leave the house due to disability and those with busy working schedules.

"I can no longer do this (E-consult) but would use it if I could"

"I would LOVE to be able to do e consult or book appointments online...Econsult would be amazing because I frequently don't access health care because it involves making a phonecall to my gp reception at 8.30am. I find it virtually impossible to do this due to anxiety and there is no other way to arrange to see GP unless you phone on the day."

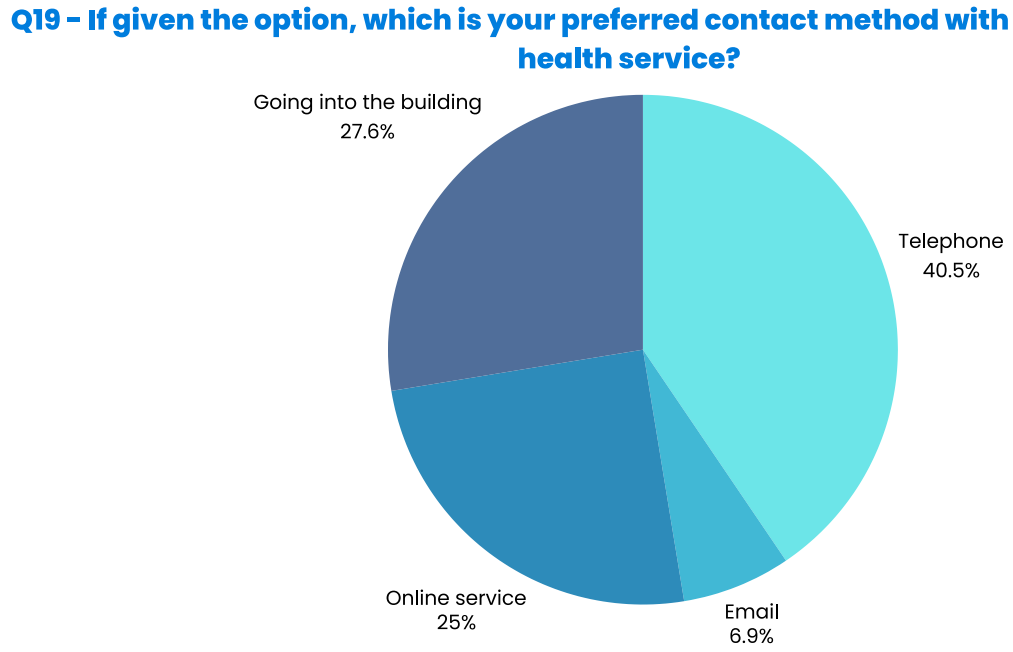

Figure 9: Graph of responses to question 19 "If given the option, which is your preferred contact method with your GP or other health service?"

> *"a lot of the time econsult was more than enough to get the help required without taking up a face to face appointment. Very sad that they stopped using this option as getting a face to face is very difficult."*

Results illustrate that there was a demand for choice between the use of DHT and going to the Surgery. Most respondents would prefer to go to their GP surgery rather than use DHT, and many said they did not trust or have confidence in using DHT and feel that it cannot replace in person consultations.

This indicates that one-size does not fit all and there is a need for choice based on individual circumstance and situation. Even where an individual has the necessary digital skills, there are many factors which, at any one time, may prevent DHT from being the most suitable choice. These include financial situation, unexpected technical problems with devices and connectivity, as well as the nature of the medical condition in question.

> *"It's a helpful option over and above face to face appointments. However, it can't be the only option provided..."*

> *"More personable for 'serious' appointments, particularly in relation to mental health issues. But for all else, I prefer eConsult..."*

Further, if disabled people

a. do not have devices, Wi-Fi connection or essential data and/or
b. do not have the skills, knowledge, literacy or ability to use the technology.
c. live in a rural community where public services, including GPs might be at a great distance from their home - and public transport expensive and irregular.

When applied to accessing healthcare, these intersecting factors and inequalities, lead to disabled people perhaps not seeking help sooner or at all, or having to rely on proxies to help them.

> *"My uncle was missing vital heart appointments as appointments were sent by text. He doesn't know how to use his phone but he does have one... it just so happened that his sister visited and managed to work out he hadn't been to an appointment in a long time... Luckily the aunt was able to get the text messages sent to her instead so it shouldn't happen in the future."*

Our results show that most respondents would choose to use friends, family or carers to help them with accessing DH services. And, as public, banking and utility services also move over to digital access, using proxies leads to a loss of independence, privacy and safety/security.

A study from Good Things Foundation states:

> *"Evidence shows a growing use of proxies to access digital services and do online transactions: this carries implications for data privacy and security; (and) for choice and control, decision-making and consent."* (Good Things Foundation, 2024)

GP Website Design

The results of the GP Survey are not conclusive, and it would be a good idea for a further survey to take place, perhaps with the support of PHS and HSPC, who we were unable to make contact with prior to the Survey taking place.

Despite our best attempt to garner support for the GP Survey by email and telephone, the response was poor at 7 returned surveys and approximately 11 conversations with PMs who did not complete the Survey. Some of the information gathered is anecdotal from these phone discussions and some from looking through the websites of all GP Surgeries who were asked to participate.

Because of this supplementary research, we felt that it remains of merit to look at the findings.

A few elements we consistently found during this Survey is that in accessing individual Surgery websites has been:

- the use of text colours that are difficult to view/see for those with poor sight, such as macular degeneration, cataracts or for people with dyslexia.
- the use of very small text and fine fonts, coupled with the inability to zoom in without losing focus

The results of the Public Survey indicate that many disabled adults find it difficult to access their GP website because they are not compatible with assistive technology or do not have tablet or Smartphone view. It is not surprising, therefore, that PMs said they have limited knowledge about the functionality of their websites with some Surgeries able to update their websites in-house and others using an external service provider.

The questions that might arise from these finding and could be addressed to GPs, the NHS and PHS policymakers:

Is this an area that could be improved on? Are disabled people invited to contribute to the development of DHT so that it also meets their needs? If not, perhaps they should be.

The British Journal for GPs addressing the issue acknowledging that:

> *"New ways of consulting and incorporating technology into patient care pose multiple risks and challenges. There needs to be an increased presence of digital health learning and experience in the undergraduate and postgraduate medical curriculum to ensure that tomorrow's doctors and patients are prepared for the reality of 21st-century healthcare."* (Never, Fyfe, Hayhoe, & Kumar, 2020)

Considerations

In 2021, a Scottish Government paper seems to echo the findings of many organisations:

> *"Historically, an emphasis has been placed on how the system uses technology in the health and social care sector, as opposed to how people use technology"* (Scottish Government, 2021)

Some considerations to achieve digital health equality

1. Ensure healthcare providers meet the Scottish Government's advice on STRUCTURING GOOD AND ACCESSIBLE WEBPAGES: *"Digital accessibility is about building websites and services which work for disabled users."* (Scottish Government, 2024)
2. Involve disabled adults at all levels (webpage content structure and accessibility, training provision and strategy, e.g. CLD) so that their VOICES ARE HEARD and their NEEDS ARE CLEARLY MET.

3. Ensure there is real CHOICE for those who are unable to use or who lack confidence in the trustworthiness of digital health technology.
4. PUBLIC-NGO-VCSE PARTNERSHIPS to both establish the needs of rural communities and deliver face to face digital skills training and support to disabled adults. Studies show that gaining digital skills is not linear (i.e. one set of training may not be enough for many disabled adults). Many NGO projects are funded for short, fixed periods which does not suit the needs of either communities or individual learners. Echoing Mhor Collective's January 2025 call for action to end piecemeal funding and provide digital skills support that is consistent and long-lasting.

In Lead Scotland's experience, when a project ends, exit surveys emphasise the gratitude of learners but invariably there has been insufficient time to meet learners' full needs and some learners feel abandonment, anxiety or hopelessness. Like many other organisations providing learning opportunities, Lead knows how important it is for disabled adults to have the time, space and opportunity to improve their skills. Short projects are not meeting that need.

The Mhor Collective, in 'A Collective Response: Disconnected: Digital Inclusion on the Brink', stated:

> *"It feels like our many years of work on addressing digital inequality are being swept away, despite the findings of Audit Scotland. We're deeply concerned for the people who are most impacted by wider inequalities, and we feel like we need to 'do something' in response to the stripping away of essential digital inclusion services. This is our collective response."* (Mhor Collective, 2024)

Science and Techies Question if Digital Inequality can be Eradicated?

Almost everyone would agree that digital inequality, especially when applied to healthcare, is undesirable.

Organisations supporting those who suffer from inequalities, usually offer a person-centred approach.

NIH states *"High levels of inequality negatively affect society as a whole"* (Kuhn, et al., 2023). However, not everyone agrees on how to go about finding a solution.

According to Science Direct: *"health equity approaches at policy levels are limited with recommendations mainly oriented to individual support"* (Seah, 2020)

They continue: *"few studies document how DHT interventions reinforce inequalities or impact health distribution" and "dimensions of context, technology design policy and systems are not examined"*.

They mention, as an example, the WHO scoping review of 2022 as one report that does not cover the above dimensions, focussing on access, use and engagement.

Furthermore, there are voices suggesting that there may not be an easy fix for people suffering from multiple deprivations.

Ex-Head of Microsoft Research, Kentaro Toyama, declared:

> *"Technology use can only amplify existing human capacity and intent: it cannot act as a substitute where human capacity and intent do not exist'. We see this in well-resourced schools which are able to capitalise on the benefits of technology in the learning environment, while poorer schools do not seem to reap the same benefits. Even if everyone were to own a mobile phone, communities can still be disadvantaged as device ownership does not necessarily imply being able to keep it charged, topped up with credit, and repaired when damaged."*
>
> *"Digital technologies are advancing at an accelerated pace, and we need to be mindful that unless developments are consciously designed to address the specific needs of the most deprived, then the use of digital technologies risks excluding and further disadvantaging those already being left behind."*

The Last Word

Through Lead Scotland's work with disabled adults and inequalities they suffer, we are already aware of the challenges they face. And we hear what they are saying about the issues they encounter in using digital technology to access healthcare services.

By looking at policy statements on the websites of authorities such as the Scottish Government, NHS and PHS, we could see that there were discrepancies between the good policy statements and equity aims of authorities and how these were meeting the needs of the disabled adult population - or not, as the case may be.

Lead Scotland's Survey illustrates the need for further, more comprehensive study, especially into:

- how the Scottish Governments further plans to ensure that super-fast broadband covers all of Scotland - in real terms
- how NHS and PHS plan to ensure digital inclusion and a personalised health service for all whilst DHT is experienced by multiply deprived groups such as disabled adults
- the benefits of public/NGO partnerships in delivering cost effective, targeted, consistent, long-term and local digital skills training/support to disabled people across Scotland

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A huge thank you for sharing your personal experiences and giving us invaluable insights to draw upon.

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This research project would not have been possible with the generous support of SCVO.
The Community of Learnings hosted by SCVO have been invaluable sources of learning, connection and inspiration.
Their guidance, time and dedication to the cause of digital inclusion has not on motivated but problem solved.
Special thanks to the Digital and Programmes team at SCVO.

We also thank partner organisations who helped promote the Survey. We have had an overwhelming response and been able to meet a much bigger audience than expected.

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APPENDIX 1 – Public Survey Questions

About you

1. Name
2. Your age group
    a. 18-26
    b. 26-34
    c. 35-44
    d. 45-54
    e. 55-64
    f. 65 and over
3. Gender
    a. Male
    b. Female
    c. Transgender female
    d. Transgender male
    e. Non-binary
    f. Prefer not to say
    g. Other
4. Your postcode
5. Do you live independently?
    a. Yes, No or Other
6. Do you have carers?
    a. Yes – paid carers
    b. Yes – unpaid carers
    c. No
    d. Other
7. Do you have any disabilities, neurodivergence or long-term health conditions? These could be physical, neurological, neurodevelopmental or other. Some examples are: Autism, ADHD, Down's syndrome, hearing impairment, mobility issues, Diabetes, Asthma, COPD, depression etc
8. Are you or have you received support from Lead Scotland or another organisation to improve your digital skills?
    a. Yes, No or Other
9. How would you describe your digital skills?
    a. 1 – Very limited or no confidence
    b. 2 – I can do a few basics with someone helping me
    c. 3 – I'm fairly confident but would like to learn more
    d. 4 – I'm very confident and don't need help

Digital technology

10. Do you have any of the following for personal use? Or access to any of these, for example through family/friend, library, college - in this instance please selected the "shared" option.
(Answer options for below points: Yes, No or Shared)
    a. Smartphone
    b. Other mobile phone
    c. Tablet or iPad
    d. Laptop or computer
    e. Broadband / Wi-Fi

f. SIM card with internet data

11. If you have shared access to any of the above, please tell us where (e.g. at a library, through a friend, at the GP etc)
12. If you do not have any of the above, can you give a reason for this? Tick as many boxes as apply.
    a. Too expensive
    b. No or poor internet coverage
    c. Don't want any of the above
    d. Don't know how to use the equipment
    e. Other
13. Have you ever used any of the following digital health services?
    (Answer options for below points: Yes or No)
    a. Ordering prescription by email
    b. Ordering prescription by online form on your GP or pharmacy website
    c. Registering as a New Patient or updating your information online on your GP website
    d. Requested a Medical Certificate (ie. sick line) online
    e. Making an appointment online
    f. Appointment's via video call (for example, Zoom or FaceTime)
    g. NHS Near Me for a video appointment
    h. Checked your symptoms or found other health information online using the NHS Inform website, NHS 24 website, or your GP's or pharmacy's website
    i. E-consult or similar to contact your GP
    j. NHS 24 Scotland app
    k. Other Health Apps (give examples in next question)
    l. Accessing information thro
14. If you have ever used other Health apps, websites or digital services not mentioned above, please tell us about these here. For example: National Autistic Society website for reliable information, Disability UK for reliable information, period tracker app
15. How comfortable/confident are you in using the following to access health services through your GP or online?
    Answer choices below for each of the following devices: Smartphone, Tablet or iPad, Laptop or Computer, Device at GP or other medical building
    a. 1 – Not at all
    b. 2 – Okay but I'd rather have someone help me
    c. 3 – Very confident
16. If you're not comfortable or confident accessing online or digital healthcare services, please explain further.
    a. I don't know how / I don't have the digital skills to access them
    b. A lot of the websites/apps don't work with my assistive technology
    c. I need assistive technology to help me use devices but I don't have access to these currently
    d. I don't trust digital technology
    e. I prefer to go to my GP or pharmacy in-person
    f. They don't work with my devices (eg. the website won't open on my smartphone and I don't have access to a laptop or computer)
    g. I don't know what online/digital services are available
    h. Other

17. You can use this space to tell us more about why you don't use digital or online healthcare services.
    eg. My internet connection is very poor.
    eg. I use a screen reader but XYZ website or app doesn't work with it.
    eg. If you don't trust digital health services, can you tell us a bit more about why? For example, you don't know which information is reliable and which isn't or you don't know who's written the information.

Alternatives for accessing health services

18. Do you feel that you are provided with enough information about how to access health services without using digital technology?
    a. Yes, No or Other
19. If given the option, which is your preferred contact method with your GP or other health service?
    a. Telephone
    b. Email
    c. Online service
    d. Going into the building
    e. Other
20. Why is this your preferred contact method?

Support using online or digital healthcare services

21. Do you feel that you have access to information about how to find help using digital technology?
    a. Yes, No, Not sure or Other
22. Are you aware of any organisations in your local area that offer digital support or training?
    a. Yes, No or Other
23. If yes, please give more details.
24. If you were looking for support with your digital skills or confidence, where would you go to find someone who can help?
    a. I already know where I can go to get digital support
    b. Ask friends or family
    c. Ask my carer or support worker
    d. Look online (eg. google search)
    e. Look on Social Media (eg. facebook)
    f. Look for flyers on community notice boards at supermarkets or community spaces
    g. Ask at my local library or community centre
    h. Ask at NESCOL or a similar college or learning place
    i. Other
25. Has a healthcare professional ever signposted or referred you to support with your digital skills or confidence?
    a. Yes, No or Other
26. If yes, can you tell us more about this please?
27. Have you ever asked for or received support or help building your digital skills?
    a. Yes, No or Other
28. If you have ever had digital support or help, can you tell us some more about this please?
29. Do you feel able to explain to your GP Practice (or other healthcare professionals) any difficulties or challenges you are facing in using digital technology and to ask for help?

    a. Yes, No or Other
30. Have you ever asked for help with your digital skills?
    a. Yes, No or Other
31. Your email
32. Your phone number
33. I would like to be contacted with the results of the survey
    a. Yes or No

APPENDIX 2 – Poster to Publicise Public Survey

Figure 10: Poster to publicise Public Survey

ABERDEENSHIRE PUBLIC SURVERY

RESEARCH PROJECT

Digital Access in Healthcare

This research aims to **identify barriers to engaging in online health and wellbeing tools,** particularly those created and used by the NHS, local authorities and government bodies.

Scan to complete

or go to **https://forms.office.com/e/PUrM0zGHAZ**

If you require this document in an alternative format, such as large print or a coloured background, please contact us

This survey closes on 28th February 2025

- This survey will take approximately 15 minutes to complete.
- You will be asked questions about **your experiences** using online health and wellbeing tools such as NHS Inform, NHS Near Me and MindYerMind.
- You will asked questions about **barriers to using these tools** such as a disability or access requirement, the general layout and ease of use of the tool, and other personal barriers.
- You will be asked to provide some **information about you** including your postcode, you age and any disabilities or health conditions you have.

This research is part of the Digital Skills for Health and Wellbeing project which brings 1:1 personalised digital support to residents across Aberdeen city and Aberdeenshire. We support learners to become confident and independent online, increasing their awareness of health and wellbeing resources and tools online.

Contact Us

digitalskillshealth@lead.org.uk
www.lead.org.uk
Studio 1.09, St Margaret's House, 151 London Road, Edinburgh, EH7 6AE
07920782674

This project is funded by Scottish Council for Voluntary Organisations (SCVO). Lead Scotland: Linking Education and Disability, Scottish Charity No. 003949. Company Ltd.by guarantee, registered in Scotland, 110186. Lead Scotland Head Office, Studio 1.09, St Margaret's House, 151 London Road, Edinburgh, EH7 6AE.

Figure 11: Facebook post to publicise Public Survey

APPENDIX 3 – Map of Posters Distributed

https://www.google.com/maps/d/edit?mid=1drr9d52wcCF170JNKg2ysRmaom-vKY0&usp=sharing

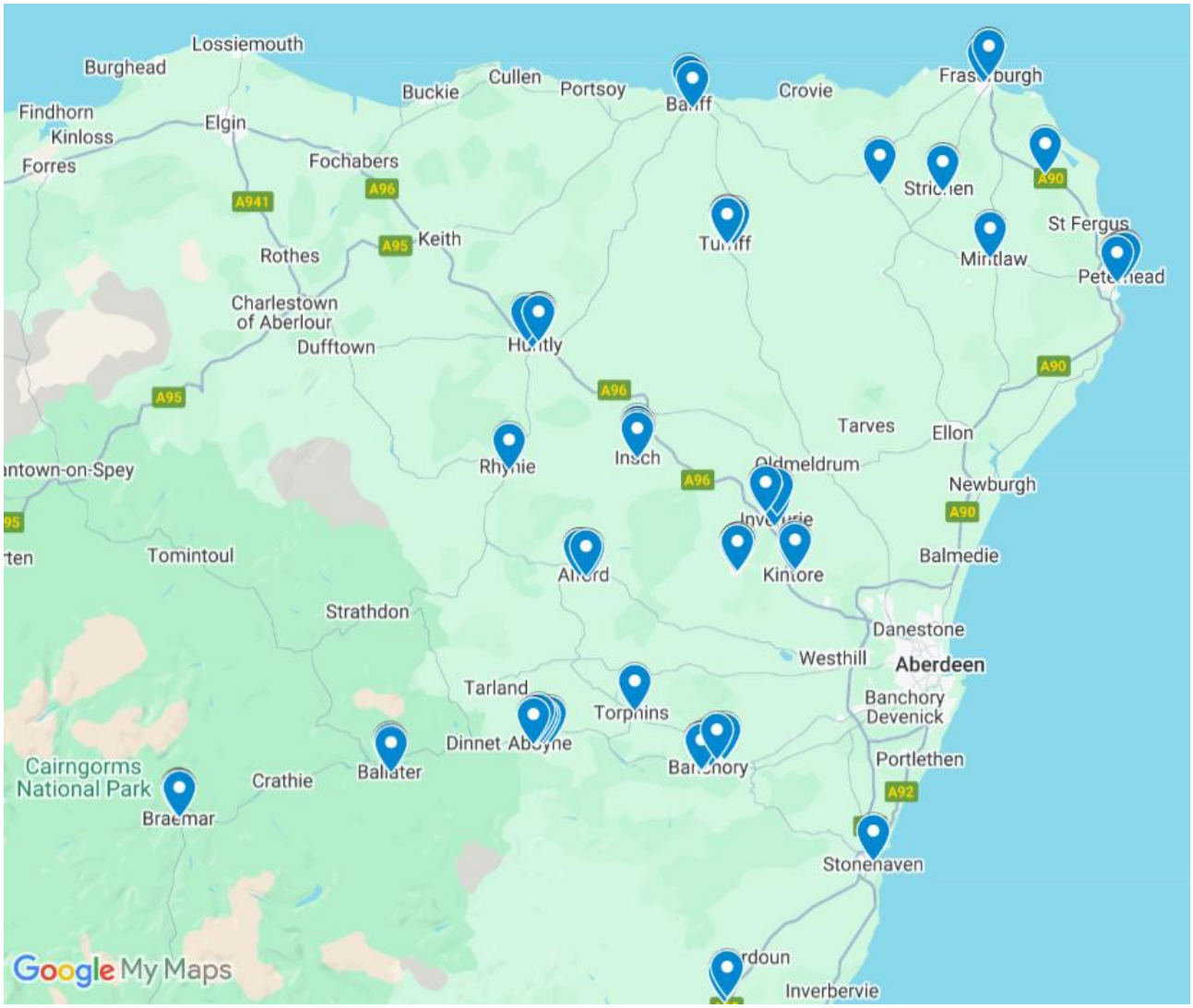


Figure 12: Map of Aberdeenshire with pin drops identifying locations posters placed to publicise public survey

Locations in list format:

Posters distributed in person

- Will Chemist, Inverurie
- Burghmuir Pharmacy, Inverurie
- Tesco Extra Inverurie
- Co-op Food Inverurie
- Wilson Chemist, Insch
- Bennachie Leisure Centre, Insch
- Insch Library
- Co-op Food Insch
- The Bydand Medical Centre, Huntly
- Duke Street Pharmacy, Huntly
- Largue Pharmacy, Huntly
- Huntly Swimming Pool
- The Linden Community Centre, Huntly
- ASDA Supermarket Huntly
- Tesco Supermarket Huntly
- Inspire Charity Shop, Huntly
- Kintore Medical Centre
- Kintore Library
- Co-op Kintore
- Kintore Pharmacy
- Kemnay Pharmacy
- Kemnay Health Clinic
- Kemnay Medical Group

- Co-op Kemnay
- Alford Library
- Alford Swimming Pool
- Co-op Alford
- Wilson Pharmacy, Alford
- Stonehaven Medical Centre
- Mearns & Costal Healthy Living Network, Laurencekirk
- Mearns Community Library, Laurencekirk
- Tesco Superstore, Turriff
- Turriff Swimming Pool
- Boots Pharmacy, Turriff
- Gateway Community Centre, Turriff
- Stachan Pharmacy, Turriff
- Peterhead Job Centre
- Peterhead Health Centre
- Aberdeen Foyer Drummers Corner, Peterhead
- Aberdeen Foyer Kirk St, Peterhead
- Peterhead Community Hospital
- Fraserbrugh Hospital
- Finlayson Street Surgery, Fraserburgh
- Saltoun Surgery, Fraserburgh
- Crimond Medical Centre
- Porters Pharmacy, Fraserburgh
- Websters Pharmacy, Strichen
- Strichen GP
- New Pitsligo GP
- Macduff Medical Practice
- The Vinery, Banff
- MACBI Communtiy Hub, Mintlaw

Posters distributed by post

- Insch Medical Practice
- Kemnay Library
- Kemnay Village Hall
- Kemnay Family Resource Centre
- Victoria and Albert Halls, Ballater
- Co-op Ballater
- Braemar Health Centre
- Braemar Pharmacy
- Braemar Village Hall
- Greens of Braemar
- Banchory GP
- Torphins Medical Practice
- Tesco Superstore, Banchory
- Charles Michie Pharmacy, Banchory
- Davidsons Chemist, Banchory
- Banchory Community Learning Centre
- Banchory Sports Centre
- Banchory Town Hall
- Number One, Banchory
- Banchory Sport Village
- Rhynie Medical Practice
- Davidsons Chemists, Aboyne
- Aboyne Health Centre
- Co-op Aboyne
- The Victory Hall, Aboyne
- Aboyne & Mid Deeside Community Shed
- Deeside Community Centre, Aboyne
- Ballater Health Clinic
- Davidsons Chemist, Ballater

APPENDIX 4 – GP Survey Questions

About you

1. Your name or job title
2. The postcode of your workplace

About your Practice and Patients

3. How many patients are registered at your Practice?
4. Do you know how many patients with disabilities or special needs you have?
5. Do you have an Inclusion Policy?
    a. Yes, No, Don't know or Other
6. Do you have alternatives to digital systems in place for people who suffer from health inequalities? If yes, can you list some of these alternatives?
7. How do you ensure that those suffering from health inequalities have the information they require?
8. If someone is completing an online form, can they save and return to complete it later?
    a. Yes, No, Unsure or Other
9. Do you use QR codes to direct patients to online resources?
    a. Yes, No, Unsure or Other
10. If so, are there alternative methods to access this information?
    a. Yes, No, Unsure or Other
11. If yes, are these clearly stated alongside the QR codes?
    a. Yes, No, Unsure or Other
12. Do you have an access point in your Practice where people can use a computer or tablet to order prescriptions or have video appointments?
    a. Yes, No, Unsure or Other
13. Are these access points private?
    a. Yes, No, Unsure or Other
14. If you don't have any access points, do you have information on where the nearest digital access point is?
    a. Yes, No, Unsure or Other

About your digital access/systems for patients

15. What digital services do you offer your patients:
    a. Prescription requests by email
    b. Prescription requests by online form
    c. Prescription requests for non-repeat medications via digital method
    d. Online Appointment Booking
    e. E-consult or similar
    f. NHS Near Me Appointments
    g. Zoom or other meeting platform appointments
    h. Requests for Medical Certificates (eg. sick line)
    i. New patient registration
    j. Update your details online
    k. Review Forms or Tests for specific complaints e.g. Asthma, Contraception, HRT
    l. Other
16. When did you introduce digital access for patients?
17. Did you have a consultation period prior to introducing digital systems?
    a. Yes, No, Unsure or Other
18. Did you have support from the NHS to transition into digital systems?

    a. Yes, No, Unsure or Other
19. Do you have a feedback system for your digital access systems?
    a. Yes, No, Unsure or Other
20. Do patients have to use an Authenticator to access some digital services? Yes, No, Unsure or Other

About your website

21. Does your website have:
    a. links to NHS websites, such as NHS Inform
    b. links to specific health issues on NHS sites
    c. links to third party support systems for specific issues, e.g. British Heart Foundation, Diabetes UK
    d. Other
22. Are there any other aspects of your website you'd like to tell us about?
23. Is the information on your website regularly reviewed or scheduled to be reviewed?
    a. Yes, No, Unsure or Other
24. Do you as a Practice or service have the means to edit and update your website?
    a. Yes, No, Unsure or Other
25. If not, do you use an outside source to maintain and edit your website?
    a. Yes, No, Unsure or Other
26. Did you have NHS support in creating your website?
    a. Yes, No, Unsure or Other
27. Does your website guide patients to the information they might want to find?
    a. Yes, No, Unsure or Other
28. Do you have a site plan?
    a. Yes, No, Unsure or Other
29. Do you explain acronyms - e.g. CCATS, CAMHS, AHSCP - which can have different meanings?
    a. Yes, No, Unsure or Other

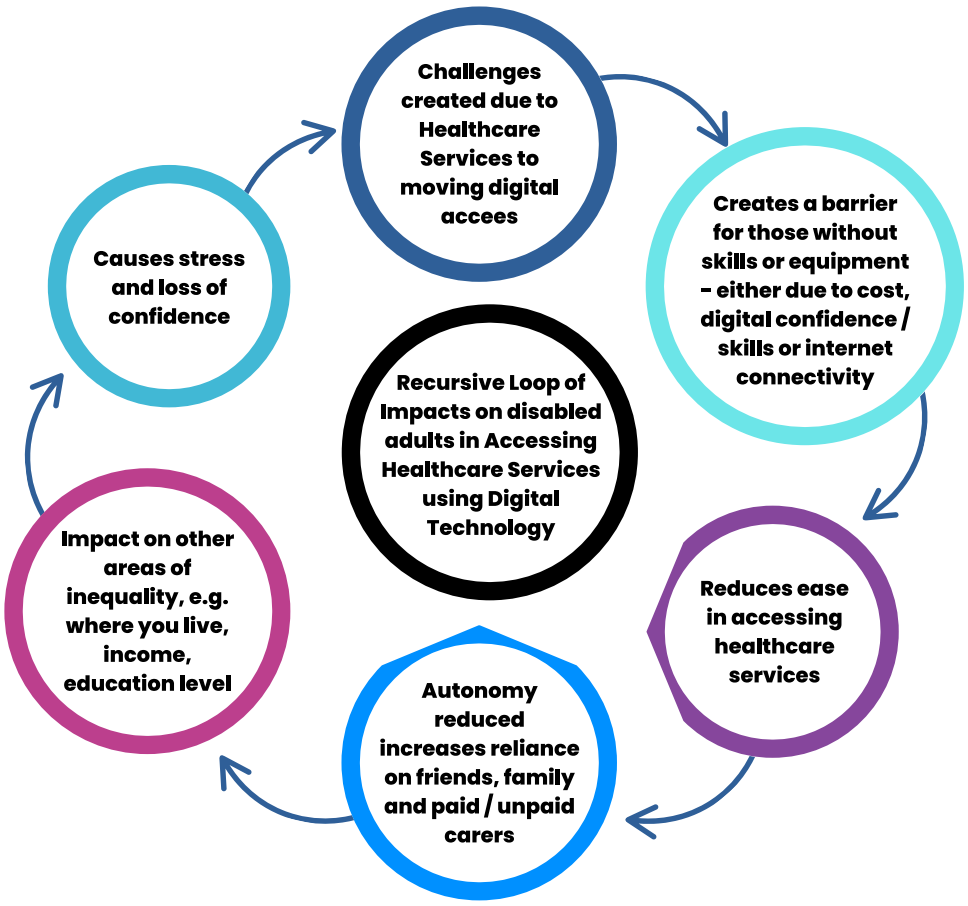
Accessibility features

30. Are your digital systems accessible via phones and tablets as well as laptops?
    a. Yes, No, Unknown or Other
31. Do you have a "skip to main content" button for when navigating with a keyboard?
    a. Yes, No, Unknown or Other
32. When navigating with a keyboard (using tab and enter buttons), do visible outlines appear to indicate where on the screen the user is? This is often referred to as keyboard focus
    a. Yes, No, Unknown or Other
33. If the user changes the colour theme (ie. dark mode, high contrast, negative contrast etc) does the website or digital system work well in that everything is still visible with this?
    a. Yes, No, Unknown or Other
34. Is the digital system/website compatible with the user changing the font size via an external method? (ie. zooming in, changing their device font settings or other).
    a. Yes, No, Unknown or Other

Further contact

35. Your email
36. Your phone number
37. I would like to be contacted with the results of the survey
    a. Yes or No

APPENDIX 5 - Recursive Loop of Impacts



APPENDIX 6 – Word Tree